

Anticipatory Guidance for Early Childhood Care Providers

Child's Name _____ Date of Birth _____

BIRTH – 6 MONTHS	<input type="checkbox"/> Review nutrition and eating habits <input type="checkbox"/> No napping or sleeping with the bottle <input type="checkbox"/> Encourage introduction of “sippy” cup <input type="checkbox"/> Begin tooth brushing with no toothpaste as soon as first baby tooth erupts <input type="checkbox"/> Juice in “sippy” cup only
9 MONTHS	<input type="checkbox"/> No juice in bottle <input type="checkbox"/> Reinforce brushing <input type="checkbox"/> No bottle in bed
12 MONTHS	<input type="checkbox"/> Check teeth and mouth <input type="checkbox"/> Help identify a “dental home” <input type="checkbox"/> Reinforce brushing <input type="checkbox"/> Discuss mouth and tooth injury prevention <input type="checkbox"/> Have dentists’ emergency numbers handy
15 MONTHS	<input type="checkbox"/> Reinforce brushing
18 MONTHS	<input type="checkbox"/> Check teeth and mouth <input type="checkbox"/> Reinforce brushing
24 MONTHS	<input type="checkbox"/> Refer all children to dentist <input type="checkbox"/> Reinforce brushing, begin using pea-size drop of fluoride toothpaste <input type="checkbox"/> Reinforce injury prevention and response
36 MONTHS AND OLDER	<input type="checkbox"/> Reinforce brushing with fluoride toothpaste <input type="checkbox"/> Reinforce injury prevention and response

[illegible]